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Operation Health Protection

An Action Plan to Prevent Threats to our
Health and to Promote a Healthy Ontario

June 22, 2004



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Note from the Minister

June 22, 2004

I am pleased to present you with the Ontario government's sweeping plan to rebuild our public health system. Our plan - Operation Health Protection - calls for bold, system-wide changes that will make our public health system stronger, more responsive and sustainable for future generations. This plan marks the first comprehensive changes to public health since the 1980s.

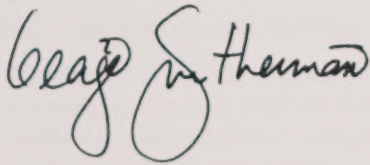
Ontario's public health system has suffered a decade of neglect. Over this time, confidence in our public health system has eroded. Guided by the values of medicare, our government will rebuild the public health infrastructure that is vital to preserving our health.

Operation Health Protection will enable us to deliver on our ultimate goal: to make Ontarians the healthiest Canadians.

Our work is informed by the difficult lessons from Ontario's experience with Walkerton, West Nile virus and SARS. It is drawn from the recommendations of the National Advisory Committee on SARS and Public Health chaired by Dr. David Naylor, the Expert Panel on SARS and Infectious Disease Control chaired by Dr. David Walker, and the Interim Report of Mr. Justice Archie Campbell. We are grateful to all those who contributed to this ground-breaking work.

We have much work ahead to rebuild public health and regain the confidence of Ontarians. By working together – the provincial government, municipalities, health providers, public health units, and the men and women on the front lines and behind the scenes – we will build a public health system that all Ontarians can depend on.

Let's get to work!



George Smitherman
Minister

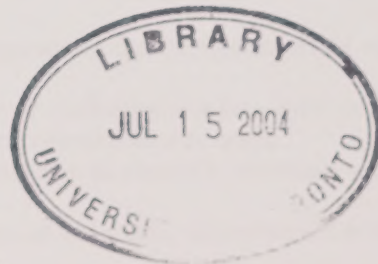


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Executive Summary

OPERATION HEALTH PROTECTION is a bold 3-year Action Plan to revitalize our public health system by preventing threats to our health and promoting a healthy Ontario. The Ontario Ministry of Health and Long-Term Care is taking decisive steps to rebuild a system weakened by a decade of decline.

The Plan sets out specific actions over the next three years and the results that Ontarians can expect from these actions. Acting on the directions in the reports on the SARS crisis by the National Advisory Committee on SARS and Public Health chaired by Dr. David Naylor, the Expert Panel on SARS and Infectious Disease Control chaired by Dr. David Walker, and the Interim Report of Mr. Justice Archie Campbell, OPERATION HEALTH PROTECTION calls on the Ministry, the Chief Medical Officer of Health, municipalities, health providers and Public Health Units to work together to rebuild Ontario's public health system.

The Plan focuses on:

- Creation of a Health Protection and Promotion Agency
- Public Health Renewal
- Health Emergency Management
- Infection Control and Communicable Disease Capacity
- Health Human Resources
- Infrastructure for Health System Preparedness

We are investing a total of \$273 million to support this plan in 2004/05, growing to \$469 million by 2007/08. This includes an immediate investment of \$41.7 million in new funding in 2004/05 to support this plan.

Creating the Ontario Health Protection and Promotion Agency

Within two years, OPERATION HEALTH PROTECTION will be anchored by an independent health protection and promotion agency similar to those operating in British Columbia, Québec and at the Centers for Disease Control and Prevention in Atlanta. This new Ontario Health Protection and Promotion Agency will support the CMOH and provide expert scientific leadership.

Its responsibilities will include:

- **Specialized public health laboratory services** that will ensure that all health practitioners receive timely and relevant information to support health surveillance;
- **Infection control and communicable disease information and centralized support** for professionals in "the field";
- **Emergency preparedness assistance and support** in the form of scientific and technical advice, and a modern and timely alert system;
- **Risk communications** that will enhance the rapid exchange of information between healthcare practitioners, institutions and the Ministry about potential health crises;
- **Research and knowledge transfer** through linkages with research, academic and healthcare institutions; and
- **Reporting** through the CMOH on the health status of Ontarians, and emergent health threats and risks.

Renewing the Public Health System

OPERATION HEALTH PROTECTION lays out two key elements to public health renewal in Ontario:

- **Strengthening the role of the Chief Medical Officer of Health, and**
- **Strengthening the Public Health System.**

Over the coming year, the government will initiate legislative changes to give the CMOH the necessary independence to protect the health of Ontarians with:

- A duty to report publicly on public health issues, including an annual report to the Legislature on the health of Ontarians;
- Adequate protection to speak independently on matters of public health importance;
- Independent legal authority to take the actions that may be needed to prevent, reduce or eliminate health risks anywhere in Ontario.

The success of OPERATION HEALTH PROTECTION will depend on strong local capabilities. To that end, the Ministry will:

- *Strengthen the resource base for public health* by increasing the provincial share of funding for local Public Health Units from 50% to 75%.
- *Review and update the Mandatory Health Programs and Services Guidelines for local Boards of Health*, last updated in 1997.
- *Review the organization and capacity of local Public Health Units and the Public Health Education, Research and Development (PHRED) Program;*
- *Produce an annual Ontario Public Health Performance Report.*

Health Emergency Management

The Emergency Management Unit (EMU), established in December 2003, is already up and running.

Its responsibilities include:

- Developing a health emergency action plan;
- Standardizing expectations of healthcare providers and institutions regarding emergency management;
- Improving systems of patient transfer in the event of an emergency;
- Co-ordinating distribution of supplies and equipment during an emergency;
- Increasing the availability of skills and expertise required during an emergency.

The EMU spearheaded the development of the recently released *Ontario Health Pandemic Influenza Plan*, which will be used by healthcare providers and Ministries to prepare for a major outbreak.

In 2003, the Ministry also implemented Canada's first Emergency Medical Assistance Team (EMAT). EMAT is a 20-bed, mobile acute care field unit that can be on-site wherever there is road access anywhere across Ontario within 24 hours, to help local communities handle emergencies and unexpected events.

Infection Control and Communicable Disease Capacity

The Ministry is creating a permanent central expert body – the Provincial Infectious Disease Advisory Committee (PIDAC) – to continue the development of standards and guidelines for health professionals and organizations faced with infectious disease outbreaks. Membership of the committee will bring together broad expertise from across the healthcare sector. The Committee will also advise on research priorities, emergency preparedness and immunization programs. PIDAC will help create regional networks for infection control and communicable disease that will coordinate infection control activities at the local level.

Health Human Resources Excellence

The Ministry is implementing a health human resources strategy that will attract, retain and develop the best in public health professionals. We will immediately hire a senior medical director and additional medical microbiologists at our Central Public Health Laboratory. We will bolster our infection control and communicable disease capacity by increasing full-time positions for infection control practitioners in health facilities over the next three years. We will provide 100 per cent funding for 180 full-time communicable disease positions in local Public Health Units. We will begin immediately to expand infection control training for front line staff. The Ministry will work with the Ministry of Training, Colleges and Universities and professional organizations to improve health human resource planning for public health and actively promote careers in public health.

Our strategy includes reducing casualization and promoting full-time employment across the healthcare system. Our government has made a commitment to create 8000 new nursing positions to increase the proportion of full-time nurses. Since February, we have funded 2400 full-time nursing positions in hospitals and long-term care facilities.

Enhanced Health System Preparedness

To ensure the efficient exchange of information and communications and collaborative decision-making across the healthcare system, the Ministry is building a technologically-advanced infrastructure with three major components:

- **Surveillance:** The recent establishment of the Surveillance and Outbreak Management Section in the Public Health Division is already enhancing the Ministry's ability to quickly collect and analyze data critical to identifying and managing outbreaks.
- **Communications:** A public health 'alert' system will ensure the right information gets to the right people at the right time.
- **Information Technology:** The Public Health Information and Information Technology strategy will improve the information sharing and management at the Ministry and Public Health Units. The integrated Public Health Information System (iPHIS) will enable local Public Health Units to rapidly send information about communicable diseases to the Ministry, and to better trace the path of infectious diseases and manage quarantines.

Key Activities by Year

Operation Health Protection is a 3-year Action Plan to prevent threats to our health and to promote a Healthy Ontario. The Plan focuses on the following themes:

Creating the Ontario Health Protection and Promotion Agency	
	Agency Implementation Task Force established
	Operational review of Laboratories
	Medical Director and additional medical microbiologists hired at the Central Public Health Laboratory
	Video link installed between Public Health Division of MOHLTC and Central Public Health Laboratory
	Implementation Task Force submits recommendations to MOHLTC
	Legislation introduced to create the new Agency
	Capital approved for the new Agency and its Laboratory
	Ontario Health Protection and Promotion Agency begins its operations including new Laboratory
Public Health Renewal	
	Increasing the independence of the Chief Medical Officer of Health
	Legislation introduced to increase the independence of the CMOH
	First annual CMOH Report on the health of Ontarians
	Public Health System Enhancement
	Provincial share of funding for local Public Health Units increased to 55 per cent from 50 per cent
	Review and update of <i>Mandatory Health Programs and Services Guidelines</i> for local Public Health Units
	Capacity review of Public Health Units
	Public Health Research, Education and Development (PHRED) Program review
	100 per cent funding for 180 full-time communicable disease positions in local Public Health Units
	CMOH issues first annual Ontario Public Health Performance Report
	Provincial share of funding for local Public Health Units increased to 65 per cent
	Provincial share of funding for local Public Health Units increased to 75 per cent
Health Emergency Management	
	Emergency Management Unit (EMU) spearheads Ontario Health Pandemic Influenza Plan (completed)
	Emergency Medical Assistance Team fully deployment-ready (completed)
Infection Control and Communicable Disease Capacity	
	Provincial Infectious Disease Advisory Committee (PIDAC) created
	Regional infection control and communicable disease networks begin to be phased in
	Regional networks established throughout Ontario
	Additional infection control experts hired in healthcare facilities across Ontario
Health Human Resources	
	Health human resources strategy developed
	Infection control training and courses expanded
	Health human resources strategy implemented
Enhanced Structure and Support for Health System Preparedness	
	Surveillance
	Surveillance and Outbreak Management Section of Public Health Division (MOHLTC) fully operational
	Communications
	Public Health Alert Network strengthened
	Information Technology
	Integrated Public Health Information System for infectious disease reporting, contact tracing and quarantine management developed and implementation underway
	Implement systems for alerts and information management
	Integrated Public Health Information System implementation completed

Fiscal Year 3 (2006/07)

Vision

The Government of Ontario is committed to a stronger and more sustainable healthcare system that will promote and protect the health of all Ontarians. The strategic investments being made focus on key priorities that will improve preparedness, planning, and coordination across sectors and among governments.

Over the next three years, the work of the Ministry of Health and Long-Term Care (the Ministry) on a number of key fronts will contribute to a system that supports the health of Ontarians through concerted action to prevent disease as well as protect and enhance health – essentially a system of health protection and preparedness.

Our vision is founded in a strong, revitalized, innovative system. Partnerships at all levels, across Ontario and with other provinces and the federal government, will facilitate and guide the development of a system based on fundamental public health principles and values.

With a revitalized central hub at the Ministry, the public health system will have stronger leadership and improved accountability. The public health system will be further supported by increased provincial funding for public health programs and services across Ontario.

An Ontario Health Protection and Promotion Agency will be a key pillar supporting the Ministry and the public health system in the province. Strengthening the independence of our Chief Medical Officer of Health will also contribute to greater accountability to Ontarians.

Vision

A revitalized system that supports the health of Ontarians, through concerted action to prevent disease and protect against known and emerging threats to health.

Strategic Priorities for Health Protection and Preparedness

- I. Creation of a Health Protection and Promotion Agency
- II. Public Health Renewal
- III. Health Emergency Management
- IV. Infection Control and Communicable Disease Capacity
- V. Health Human Resources
- VI. Infrastructure for Health System Preparedness

At the local and regional levels, we envision a public health *system* with enhanced collaboration and partnerships between local Public Health Units and other components of the health system to address and respond to communicable and non-communicable diseases. Structures such as networks for infection control and communicable disease will play a key role in infection control activities in communities and regions across the province i.e., at the front line where outbreaks are prevented or contained.

A cornerstone of this work clearly requires a plan to build a sustainable public health workforce. To this end, we will work in partnership with universities and colleges, providers, and associations to increase enrollment in public health professions. With our partners, we will increase the number of staff in our facilities who are trained in infection control. Enhanced health emergency management activities will ensure that we are well equipped with the necessary supplies and other resources to effectively respond to outbreaks and other health risks.

Critical to achieving our vision will be investing in a technologically advanced infrastructure for health system preparedness, including state-of-the-art surveillance, communication systems as well as updated protocols and guidelines.

One Year After SARS

Ontario's health system has experienced numerous challenges in recent years. Just one year ago we were learning about and responding to the impact of a previously unknown disease, Severe Acute Respiratory Syndrome (SARS). While weaknesses in public health infrastructure had been mounting for years, SARS taxed the entire healthcare system and tested its resiliency and flexibility in responding to an emergency. Clearly, rebuilding public health capacity is a matter of national interest.

Since then, various reports have recommended an enhanced public health system for Ontario and Canada. In October 2003, the National Advisory Committee on SARS and Public Health (the National Advisory Committee) recommended creating a new Canadian Public Health Agency based on a 'hub and spoke' model. Both the National Advisory Committee and the Standing Senate Committee on Social Affairs, Science and Technology drew attention to the weaknesses in Canada's ability to anticipate and respond to infectious disease outbreaks as well as other public health threats. They pointed to structural inadequacies within Canada's broader system of public health and concluded that attention must be paid to emergency response capabilities as well as all other aspects of public health. There was also a call for increased federal funding to renew public health across Canada, including surveillance and infrastructure, strengthened laboratory capacity, and the fostering of research links between governments and academic institutions.

In April 2004 under Mr. Justice Campbell, the Interim Report of the Commission on SARS and Public Health in Ontario (the Commission), supported as part of its findings greater independence for the Chief Medical Officer of Health, the development of an Ontario Centre for Disease Control, and an increase in the percentage of public health funding covered by the province. The Commission concluded that the decline of the public health system's capacity *at all levels occurred over a period of several decades*. We recognize that it will take time to revitalize the system to meet the challenges of this century.

The Final Report of the Ontario Expert Panel on SARS and Infectious Disease Control (Expert Panel), also released in April 2004, laid out a roadmap for public health renewal and presented a five-year phased implementation plan for comprehensive public health renewal and improvements in infection control.

The value of these comprehensive reviews is that they have reflected extensively on the system, while also creating a blueprint of key strategic directions for renewing our public health system at the national, provincial, and local levels. The consistency of the recommendations in all of these reports makes the need for action abundantly clear.

Both the Ministry and Health Canada have already acted on some of the proposed recommendations. For example, the federal government announced the creation of a Canadian Public Health Agency with offices in Winnipeg and Ottawa, along with six regional Collaborative Centres including one in the Toronto-Hamilton-Guelph area.

This Action Plan describes in detail how the Government of Ontario is acting to establish a provincial Agency dedicated to the protection and promotion of the health of Ontarians. It will also present the steps being undertaken to rebuild public health and ensure that the necessary infrastructure is in place to prevent and prepare for future health threats.

Strategic Directions

I. Creation of a Health Protection and Promotion Agency

The need for an independent health protection and promotion agency in Ontario was clearly shown by the province's experience with SARS in 2003. This outbreak brought to light the need to address core scientific, coordination, and resource elements that strengthen Ontario's ability to prevent and respond to future health threats.

The Agency will centralize specific scientific roles and responsibilities that are best carried out separately from the Ministry's day-to-day operations. The Ministry aims to enhance its credibility and transparency by making a distinction between scientific advice and policy-making within the Ministry. To this end, the Ministry is committed to establishing the Agency over the next two years.

The Agency will have a mandate to serve the needs of healthcare providers working in communities across Ontario in Public Health Units, hospitals, community health centres, and other organizations. It will strengthen Ontario's capacity to provide scientific and technical advice in the areas of communicable disease, infection control, and related laboratory testing. Ontario's commitment to the Agency is consistent with the establishment of public health agencies in other jurisdictions, such as British Columbia and Québec, as well as nationally and internationally.

We envision that the Agency will translate evidence and research into practical and effective assistance, tools, advice, and support for healthcare providers in Ontario.

Goal

Strengthen Ontario's capacity to provide scientific and technical advice for and within the health sector in the areas of health protection and promotion.

Objectives

- Undertake a formal review of the public health laboratory system in 2004/05 to determine the functional and procedural enhancements required for the system to provide appropriate tests and perform optimally during outbreaks and non-outbreak situations.
- Establish by 2006/07 an agency with core activities that include specialized public health laboratory services, infection control and communicable disease, emergency preparedness assistance and support, risk communications, research and knowledge transfer, and health promotion and injury prevention.
- Establish a formal board structure for the Agency before 2006/07.
- Enhance academic partnerships and practical training for public health professionals.

In order to fulfill this mandate, the Agency will have the following responsibilities:

- **Enhanced and specialized public health laboratory services** by aligning the appropriate laboratory functions of the Provincial Public Health Laboratories with the Agency to ensure that adequate, timely, and relevant information is produced to support a strong and effective public health surveillance system.
- **Infection control and communicable disease**, by serving as a central resource for information and support to the field in the areas of communicable and infectious diseases.
- **Emergency preparedness assistance and support**, by providing scientific and technical advice as well as practical on-site field support, including a modern and timely alert system.
- **Risk communications**, by facilitating and enhancing risk and crisis communications systems between healthcare practitioners, healthcare institutions and the Ministry.
- **Research and knowledge transfer**, through creating, reinforcing, and strengthening partnerships with research, academia, and healthcare institutions to support the generation of evidence-based public health policies and practices.
- **Reporting**, by contributing to the development of health reports on subjects such as the health of Ontarians (2005/06), infection control status, emergent threats, and public health risk.

The Agency will take on additional responsibilities in health promotion and injury prevention as it evolves and the relationship between the Agency and existing health promotion resource centres is more thoroughly assessed.

A Board of Directors will oversee the financial and operational activities of the Agency, with a CEO being responsible for providing scientific guidance as well as for the day-to-day operations of the Agency.

The Agency will work collaboratively and in partnership with key players in public health such as academia, research institutes and non-governmental organizations, as well as with the broader health system. Specific partnership arrangements will need to be established between the Agency and the Canadian Public Health Agency as well as with its Collaborating Centres.

An Agency Implementation Task Force is being established to provide technical advice to the Ministry on the development and implementation of the Agency. Specifically, it will confirm the mandate, core activities, structure, and governance of the Agency. The Task Force will recommend operational responsibilities for the Agency in relation to the Ministry, the broader public health system, the Canadian Public Health Agency, and other potential partners. In addition, the Task Force will provide advice on short-term and long-term facility requirements.

Central to the establishment of the Agency is the modernization of Ontario's Central Public Health Laboratory and the public health laboratory system. Laboratories are a key element of an effective public health system. They are often the first indication of evidence of a reportable or communicable disease, a point of verification in the diagnosis of many diseases for which surveillance is essential, including infectious diseases.

The Agency Implementation Task Force will also guide an operational review of the public health laboratory system to align the available testing services with what is required. This will also help determine the functional and procedural enhancements needed to ensure that the system performs at optimal levels on a daily basis as well as during an outbreak. This review will be completed over the next few months. Formal linkages are already being strengthened and technological infrastructure has recently been created within the Ministry and the Central Public Health Laboratory to improve communication and information exchange.

Our goal is to ensure a state-of-the-art public health laboratory system in Ontario. In order to strengthen the province's laboratory capacity and to prepare for co-locating appropriate functions of the Central Public Health Laboratory with the Agency, we will enhance the medical capacity of the public health laboratory system, beginning with the addition of a senior medical director and additional medical microbiologists.

II. Public Health Renewal

The two key elements of public health renewal are: increasing the independence of the Chief Medical Officer of Health (CMOH), and enhancing local public health services and programs.

Independence of Chief Medical Officer of Health

As the most senior public health official in Ontario, the CMOH must be able to provide leadership while at the same time be able to speak publicly about public health issues. In addition, the CMOH must have an appropriate level of independent authority to act quickly and decisively in situations that pose risks to the health of Ontarians. To this end, over the coming year we will initiate legislative changes to increase the independence of the CMOH. Furthermore, the CMOH will be given the responsibility of providing an annual report on the health of Ontarians.

Goal

Increase the independence of the Chief Medical Officer of Health (CMOH).

Objectives

- By 2004/05, ensure that the CMOH has the necessary legislative authority coupled with adequate protection to speak independently and publicly on important matters of public health.
- By 2004/05, ensure that the CMOH has clear operational powers to address health risks.
- By 2005/06, the CMOH to issue an annual report on the health of Ontarians.

Public Health System Enhancement

Our commitment to improved health protection and preparedness is based on a cohesive, comprehensive approach to develop a sustainable public health system – one which will reduce the risks from known and unknown health threats, and at the same time ensure that a full range of public health services is maintained. This renewal and strengthening will include key changes within the Ministry that will translate into better coordination, accountability, and leadership. At the local level, improvements will be made to the delivery of services and programs by local Public Health Units.

Local Public Health Units are the backbone of the public health system. Together with community partners within health and other sectors, including partnerships with academia and research institutes, they are the front line of public health programs and services in our communities.

As outlined in the 2004 Ontario Budget, the Ministry is committed to gradually increasing its share of the funding for local Public Health Units over the next three years. The Ministry generally provides about 50% of the funding for local Public Health Units, with municipalities providing the remainder. By 2007, the province's share will rise to 75%. The government is investing a total of \$273 million to support this plan in 2004/05, growing to \$469 million by 2007/08. This includes an immediate investment of \$41.7 million in new funding in 2004/05 to support this plan. This shift will provide greater protection for local public health programs and services and will enhance the sustainability of Ontario's public health system.

The *Mandatory Health Programs and Services Guidelines* set out the minimum requirements for fundamental public health programs and services targeting health promotion and protection. These Guidelines reflect broad directions for protecting and promoting the health of all Ontarians and the important role of Public Health Units in providing and ensuring relevant programs and services.

The current Guidelines, issued in 1997, need to be revised and updated to incorporate emerging health issues, best practices, new science, and lessons learned from Ontario's experiences with Walkerton, West Nile virus, and SARS. Over the next 18 months we will begin to review the Guidelines, with input from the field.

As part of our accountability to Ontarians, we are committed to ensuring that the services provided by local Public Health Units respond effectively to the needs of Ontarians. To this end, in 2004/05 the Ministry will undertake a capacity review of local Public Health Units. This review will help in the development of long-term strategies to enhance our capacity to plan and implement optimal public health programs and services. Areas to be reviewed include: core capacities required at the local level to meet communities' specific needs and to effectively provide public health services; and operational and systemic barriers that may impede the delivery of these services. The review will also examine issues related to recruitment and retention (including Medical Officers of Health and other public health disciplines), training, and the relationship between local Medical Officers of Health and the CMOH. Finally, the review will consider models for modernizing local health unit configuration to ensure effective delivery of public health programs and services across all parts of Ontario.

To better support the advancement of the public health field, including the development of innovative, evidence-based programs and services, the Ministry will support and enhance public health research. The Public Health Research, Education and Development (PHRED) Program, partially funded by the Ministry, has been instrumental in supporting public health practitioners and public health research and policy. Over the next six months, the Ministry will undertake a review of PHRED to improve the program so that it responds more effectively to the needs of healthcare practitioners and policy-makers, and will determine its appropriate place in the context of the new Agency.

Beginning in December 2005, the CMOH will issue an annual Ontario Public Health Performance Report. These annual reports will contribute to a greater understanding of the public health system and how it is performing, and will be designed to ensure that programs and services better meet the needs of Ontarians.

Goal

Rebuild public health capacity within the province and enhance public health leadership and accountability.

Improve system collaboration and partnerships between public health and other parts of the healthcare system.

Objectives

- Move to 75% provincial funding responsibility (25% municipal) for local Public Health Units by 2006/07, beginning with an increase to 55% in 2004/05.
- Initiate a review in 2004/05 of the existing *Mandatory Health Programs and Services Guidelines* (revised in 1997), which will be used to inform a capacity review of local Public Health Units.
- Begin a capacity review of local Public Health Units in 2004/05 with a focus on core capacities, governance, and operational barriers. Based on the results of this review, consider models for modernizing the configuration of local Public Health Units. Fully implement the recommendations of the review by 2006/07.
- Issue an annual public health performance report beginning in 2005/06 to be tabled in the Legislature and released to the public.

III. Health Emergency Management

Ontario's capacity to respond effectively to health emergencies must be supported by the appropriate human resources and by infrastructure characterized by resilience and flexibility.

To this end, the Ministry has made progress in enhancing our ability to respond to new and emerging threats to our health. We are working with our healthcare partners and the federal government on a number of additional measures to ensure a coordinated effort.

In December 2003, the Ministry established the Emergency Management Unit (EMU) to provide leadership in overall health emergency planning and coordination. EMU is leading the development of the Ministry's readiness programs, participating in federal / provincial emergency strategies, and supporting health emergency readiness at the local level. This includes working with health experts to develop outbreak directives and non-outbreak standards. The EMU also spearheaded the development of the recently released Ontario Health Pandemic Influenza Plan.

Goal

Strengthen Ontario's capacity to respond to health emergencies.

Objectives

- In 2004/05, ensure the coordination of the role of the Ministry's Emergency Management Unit with that of the Ministry of Community Safety and Correctional Services, in strengthening Ontario's overall health emergency management.
- Assess and review key areas of emergency management in 2004/05 and develop an action plan for:
 - Generic and specialized emergency management plans
 - Standardized expectations of healthcare stakeholders regarding emergency management
 - Patient transfers, including those from hospitals to alternate levels of care
 - Systems to obtain and distribute scarce supplies and equipment in an emergency
- Launch a dedicated 'button' on the Ministry's website accessing emergency-related initiatives for healthcare professionals and the public.
- Develop and disseminate future outbreak plans in 2004/05, e.g., smallpox.
- Negotiate health emergency response (mutual aid) agreements with neighbouring provinces and states.
- In 2004/05, actively work to increase the skills and expertise available to the Ministry during an emergency.

The EMU is consulting with external experts and working with the Ministry's Communications and Information Branch to implement a modernized health alert system for healthcare providers, a multimedia web server for webcasts, live satellite broadcast capability, notification protocols, and revised crisis communications protocols based on the model developed by the U.S. Centers for Disease Control and Prevention. The Ministry's emergency-related initiatives for healthcare professionals and the public can be accessed through the new Emergency Management Unit 'button' on the Ministry's website at www.health.gov.on.ca.

The Ministry has also implemented Canada's first Emergency Medical Assistance Team (EMAT). EMAT is a 20-bed, mobile acute care field unit that can be on-site anywhere with road access in Ontario within 24 hours. A volunteer, on-call support team of nurses, paramedics, respiratory therapists and physicians provides short-term acute care and assists in evaluating and managing patients. Criteria for deploying EMAT have been established; while these criteria are still being modified to address the needs of First Nations communities, access to EMAT by these communities has been confirmed. In addition to the Ministry's Rapid Response Teams of public health professionals that are already available to be immediately deployed as needed, the EMAT enhances our ability to support communities across the province that may need to deal with unexpected and potentially overwhelming events.

EMU has established an up-to-date system to stockpile necessary supplies and ensure that they can be effectively distributed to hospitals when and where needed. This system is being further developed for emergency health services and long-term care services and facilities. Negotiations are also underway to facilitate public and community healthcare provider access to needed supplies and essential information during a health emergency, through the existing community infrastructure across Ontario.

Since last year, Ontario has improved its ability to respond to emerging health threats; however, there is clearly much more to do. We will continue to work closely with Ontario's healthcare providers and agencies, and with local Public Health Units, to assess our response capacity and refine our emergency capabilities. Since it is not always predictable what resources will be required during a health emergency, we must be prepared on many fronts to respond with agility and make available the necessary resources to address sudden and unexpected demand while maintaining the capacity to deal with the more critical demands for healthcare services.

As described in greater detail in the Health Human Resources section of this Action Plan, nursing and respiratory therapy registries have been established to identify staff who are available to be deployed to communities needing their expertise. We will examine the use of these registries to determine the potential for developing registries for other health professionals.

The Ministry is also examining hospital critical care resources with a view to ensuring that there is adequate capacity, including access to targeted surge capacity, to be redirected when needed during usual as well as sudden and unexpected demand. CriteCall is a provincial system by which hospitals track and report available critical care beds. The Ministry will initiate a review of CriteCall within the next six months to ensure timely and accurate hospital reporting of available critical care resources.

The Ministry is collaborating with the Ontario Hospital Association, the Canadian Healthcare Association, and other provincial governments and organizations to develop a more effective notification system for infectious disease outbreaks in a community and for modifying the current graduated system to respond to health emergencies.

IV. Infection Control and Communicable Disease Capacity

We clearly need a more coordinated approach to controlling the spread of infectious disease, which combines resources and skills across the healthcare system, including acute care and public health. We need to invest in resources at the front line, where outbreaks are contained. This requires a permanent central expert body to guide the development of standards and guidelines, and of programs and protocols relevant to controlling infectious disease. A mechanism to facilitate the sharing of expertise on a regional basis is also crucial.

As an essential first step to ensure a more unified approach to infection control and communicable disease, a standing Provincial Infectious Diseases Advisory Committee (PIDAC) will be fully operational within the next three months. The mandate of this Committee includes: reviewing and establishing infection control standards and guidelines for application across Ontario; advising on research priorities, emergency preparedness for an outbreak, and immunization programs; and developing protocols to control infectious diseases. Membership of the committee will bring together broad expertise from across the healthcare sector.

The PIDAC will also act as an anchor and assist in developing a framework for the implementation of a series of regional networks for infection control and communicable disease across the province. These networks will coordinate infection control activities across and through all parts of the healthcare system, based upon provincial standards and guidelines wherever possible. The networks will improve communication and information sharing and enable better access to infection control expertise through the efficient use of scarce resources and reduced duplication of services. In conjunction with other government ministries, they will also support a more coordinated health emergency response and contingency planning for new and re-emerging outbreaks.

Goal

Enhance Ontario's capacity to prevent, manage and respond to existing and emerging infectious diseases, as well as future outbreaks.

Objectives

- Support the leadership of a Provincial Infectious Diseases Advisory Committee (PIDAC) to continue the development of appropriate standards and guidelines applicable to all healthcare facilities and organizations in 2004/05, and to develop uniform core indicators and health human resource targets for infection control practitioners (ICPs) by 2005/06.
- Begin the phased implementation of the first regional networks for infection control and communicable diseases in 2004/05, to be operational by 2005/06.
- Based on the evaluation of the networks implemented in 2004/05, fully implement regional networks across the province by 2006/07.

The Ministry recognizes the importance of improving both coordination and access to necessary communicable and infectious disease resources across the health sector. For this reason, in conjunction with the newly established PIDAC, we will proceed with the phased implementation of the first regional networks in 2004/05. Drawing on the work done to date, the Ministry will consult experts to develop a framework to guide fair and equitable implementation of the networks across the province by 2006/07. The creation of the new Agency will provide additional support and guidance in relation to infection control and communicable disease in Ontario, through a division dedicated to these functions. The PIDAC, together with the regional networks, will form an integral part of the workings of this division.

Healthcare professionals with specialized knowledge in infection control are key to ensuring that Ontario has the necessary capacity to prevent and respond to communicable disease threats. We have committed to significantly increasing the number of such skilled professionals, including an immediate increase in full-time positions for infection control practitioners over the next three years. We will provide 100 per cent funding for 180 full-time communicable disease positions in local Public Health Units. Further, we will proceed with immediately expanding infection control courses and delivering infection control training to front line healthcare providers by expanding the availability of and access to infection control training at educational institutions and healthcare facilities. We will continue to build on these commitments over the next two years.

We recognize that enhanced access to infection control training would benefit more than just existing healthcare providers. Therefore, in collaboration with our partners in the education sector, a review of healthcare program curricula at the university and college level will be necessary to ensure that components related to infection control education are included. The review will be conducted with appropriate stakeholders, such as the Council of Ontario Universities(COU) and the Association of Colleges of Applied Arts and Technology of Ontario. The Ministry will work with universities, colleges, and accrediting bodies to develop strategies that may be implemented to ensure that healthcare program curricula include infection control as core components.

V. Health Human Resources

The quality of our public health system is dependent on its most valuable resource – a skilled, valued and dedicated workforce. We recognize that strengthening health human resource planning, specifically in the public health sector, has not been a primary focus in recent years and may have contributed to the decline in Ontario's overall public health capacity.

Ontario is committed to strengthening its public health workforce as a key part of rebuilding public health. Our goal is to produce and retain a cadre of outstanding public health professionals who will support our efforts on the front line in preventing disease outbreaks and ensuring preparedness and appropriate response to health risks.

The Ministry is working to establish sustainable employment strategies for nurses and other healthcare workers, and to increase the availability of full-time employment. The reduction in casual work in our system will be instrumental in improving the continuity of patient care, workplace satisfaction, staff retention, and in building cohesion and core capacity in the system.

The Ministry recognizes the value of initiatives that enhance access to health human resources during an outbreak or other health emergency. Such registries of staff may include a number of health disciplines. In this regard, the Ministry recognizes the exemplary efforts of organizations such as the Registered Nurses Association of Ontario (RNAO). The RNAO, in collaboration with the Registered Practical Nurses Association of Ontario (RPNAO), developed the Voluntarily Immediately Available Nurse nursing registry (VIANurse). VIANurse is an electronic registry maintained confidentially on the RNAO's website, of RNs and RPNs who have indicated their availability to be deployed on a voluntary basis to an Ontario healthcare facility designated by the Ministry as being in an emergency situation. Similarly, the Respiratory Therapy Society of Ontario recently created the Respiratory Therapists Registry Database.

Goal

Create a made-for-Ontario health human resources strategy in 2004/05 to support the rebuilding of public health capacity and to ensure appropriate surge capacity in an emergency across all health sectors. The plan will:

- Work to better ensure sustainable employment strategies for nurses and other healthcare workers to increase the availability of full-time employment.
- Identify and implement models for effective utilization of health human resources during an emergency.
- Promote public health careers in Ontario.
- Develop increased education and training opportunities for public health professionals.

In conjunction with the Ministry of Training, Colleges and Universities (MTCU), the Ministry is developing a strategic human resource plan that will address a number of system priorities, focusing on health professions and including public health disciplines (including inspection, dentistry, nutrition and many others).

In addition to the increased enrollment already in effect in various health disciplines, the Ministry, together with the MTCU and other professional bodies, will continue to implement new initiatives to increase enrollment in key health professions, including medicine, nursing, and medical laboratory technology. These initiatives will include recruitment and retention strategies for allied health professions to help attract students and support current practitioners.

VI. Infrastructure for Health System Preparedness

SARS left little doubt about the need for a stronger information technology system linking healthcare providers, public health, and the Ministry. Investing in this technology and infrastructure will significantly improve our preparedness and enhance our response in the future.

Our aim is to enable and ensure information sharing, communications, collaborative decision-making and systematic data-sharing across the healthcare system and among governments, where required.

A technologically advanced infrastructure will support the development and implementation of comprehensive provincial plans for:

- Surveillance
- Communications
- Information technology

Surveillance

Surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data about health-related events to reduce morbidity and mortality and improve health. Surveillance can be applied to any type of disease, acute or chronic. For example, without adequate surveillance, healthcare providers and government officials cannot understand the true scope of a potential infectious disease, and may not recognize a new or existing disease.

The aim of the province's comprehensive surveillance plan is to ensure that we are able to contain known risks, respond to unexpected ones, and improve our overall public health preparedness. We are committed to tracking emerging infectious diseases, sounding an alarm when necessary, and sharing information on emerging diseases and disease outbreaks. Effective surveillance, coupled with firstline outbreak management and alert systems, can prevent the spread of an infectious disease and its escalation into a full-blown health emergency.

Goal

Modernize Ontario's processes for collecting and analyzing information related to infectious diseases, and of delivering timely information to healthcare providers and to the public as required.

Objectives

- Launch a new syndromic surveillance plan in 2004/05, beginning with the West Nile virus.
- Begin implementing the integrated Public Health Information System (iPHIS) in 2004/05 to fully support provincial infectious disease surveillance and outbreak management, including contact tracing and quarantine management.
- Strengthen Ontario's public health alert system in 2004/05 to ensure that necessary health information reaches those who require critical information during a health emergency.
- Develop comprehensive communications protocols, tools, and infrastructure in 2004/05 to deliver necessary information to healthcare practitioners and the public on matters of public health during an emergency and on a day-to-day basis.

We plan to build the capacity to lead the fight against specific disease outbreaks and the ability to participate effectively with our partners in responding to major health emergencies. We are developing a comprehensive provincial surveillance system that will collect, analyze, and disseminate laboratory, public health, and healthcare facility data on infectious diseases to relevant stakeholders. Over the next five years, we will work with our partners at the federal level and in local health units to build and implement a plan for a comprehensive and strong provincial surveillance system for infectious diseases.

The Ministry has established the Surveillance and Outbreak Management Section in the Public Health Division, which has already significantly enhanced our ability to collect and analyze data in order to quickly identify and manage potential outbreaks. It serves to strengthen our capacity to support local public health providers and coordinate activities across health units during an outbreak.

Communications

Getting the right information to the right healthcare providers at the right time is critically important. Our aim is to develop a comprehensive communications infrastructure to support a variety of communications activities and information networks geared to different audiences. This infrastructure will utilize advanced information technology systems and two-way communications channels to ensure that information recipients can obtain clarification and further information when needed.

The Ministry has initiated the development of a public health alert system to rapidly distribute relevant information to various healthcare providers and other stakeholders across Ontario who are potentially affected by a health emergency. This system will distribute information electronically in both official languages on a 24/7 basis over a secure high-speed connection and will include the ability to issue different levels of health messages depending on the urgency of the required action.

As part of its ongoing commitment to communicate with public health providers about reportable diseases, the *Public Health and Epidemiology Report Ontario* (PHERO) is published monthly by the Public Health Division of the Ministry. The publication includes announcements, articles, and research findings submitted by Public Health Units and affiliated institutions, as well as summaries of reportable diseases. During the next six months, efforts will be undertaken to enhance PHERO by increasing its frequency of publication of epidemiological summaries, expanding the types of analyses provided, as well as establishing an enhanced, comprehensive on-line capacity.

Information technology (IT)

The Ministry has developed an integrated Public Health Information and Information Technology Strategy to assist in planning, coordinating, and integrating related efforts across the Ministry. We have established network connectivity for Public Health Units, Community Care Access Centres (CCACs), and most hospitals, and have the capability to broadcast e-mail and fax communications throughout the healthcare system. Within one year, the Ministry will be able to provide a single point of access for information and services to public health providers and other health sector stakeholders. We will also complete network connectivity for all Public Health Units, hospitals, and CCACs.

A key component of this comprehensive public health information system is the Ministry's integrated Public Health Information System (iPHIS). This system builds on the federal initiative to integrate public health information and data systems across Canada, and will enhance both Public Health Unit reporting of reportable diseases and ability to manage outbreaks. Through iPHIS, health units will forward information on cases of reportable diseases to the Ministry, where it will be collected and quickly analyzed and interpreted to identify unusual and unexpected instances of infectious disease. This analysis will then be provided back to the Public Health Units to guide their activities and follow-up. Phase 1 (Testing and Evaluation) of the iPHIS implementation plan is complete and Phase 2 (Outbreak Management and Ontario Enhancements) will begin in November of this year. Within one year, iPHIS will be fully implemented in all Public Health Units for communicable disease reporting, contact tracing, and quarantine management.

The components of Ontario's public health information and information technology (IT) strategy are consistent with and build on Ontario's e-Government and e-Health strategies. They draw upon the existing Smart Systems for Health Agency infrastructure and on previous Ministry IT investments. A major goal for the Ministry is ensuring that Ontario's healthcare providers have the tools they need to deal with public health emergencies; we are making significant efforts to achieve this goal.

Priorities for Action

The Ministry is taking concrete steps to begin the renewal process. The following priorities have already been described in detail in this Action Plan, and reflect the Ministry's commitment to promoting and protecting the health of Ontarians.

I. Creation of a Health Protection and Promotion Agency

- An Agency Implementation Task Force is being struck to provide technical advice on the development and implementation of the Agency. Together with the advice of international and national experts, the Ministry will establish the Agency by 2006/07.
- Over the next few months, the Ministry will undertake an operational review of Ontario's public health laboratory system.

II. Public Health Renewal

- Over the coming year, the Ministry will be making legislative changes to increase the independence of the Chief Medical Officer of Health.
- The *Mandatory Health Programs and Services Guidelines* will be reviewed over the next 18 months to ensure that they are consistent with the needs, best practices, and lessons learned of Ontario's experience with Walkerton, the West Nile virus, and SARS.
- This year, the Ministry will undertake a capacity review of local Public Health Units to help develop long-term strategies for the provision of public health programs and services. The review will consider models for modernizing local health unit configuration.
- Over the next four years, the Ministry will gradually increase the provincial share of funding for local public health units to 75%.
- The government is investing a total of \$273 million to support this plan in 2004-2005, growing to \$469 million by 2007-2008. This includes an immediate investment of \$41.7 million in new funding in 2004-2005 to support this plan.
- Over the next six months, the Ministry will undertake a review of the Public Health Research, Education and Development (PHRED) Program to improve its response to the needs of health practitioners and policy-makers.
- Beginning in December 2005, the CMOH will issue an annual Ontario Public Health Performance Report.

III. Health Emergency Management

- The Ministry is developing an up-to-date system to stockpile necessary supplies to ensure that they can be effectively distributed to hospitals when and where needed. Negotiations are also underway to broaden public and healthcare provider access to needed supplies and essential information through existing community infrastructure across Ontario during health emergencies.
- A review of CitiCall will be undertaken within the next six months to ensure timely and accurate hospital reporting of available critical care resources.
- The Ministry is collaborating with the Ontario Hospital Association, the Canadian Healthcare Association, and other provincial governments and organizations to develop a more effective system for notification of local infectious disease outbreaks in hospitals and to update the current graduated system for responding to health emergencies.

IV. Infection Control and Communicable Disease Capacity

- The new Provincial Infectious Diseases Advisory Committee (PIDAC) will be fully operational within the next three months. It will act as an anchor and assist in developing a framework for the implementation of a series of regional networks for infection control and communicable disease across the province.
- In conjunction with the newly established PIDAC, the phased implementation of the first regional networks for infection control and communicable diseases will begin in 2004/05, to be operational by 2005/06.
- Based on the evaluation of the networks implemented in 2004/05, regional networks will be fully implemented across the province by 2006/07.
- The Ministry is committed to significantly increasing the number of infection control practitioners over the next three years.
- There will be an immediate expansion of infection control courses and delivery of infection control training to front line healthcare providers over 2004/05 and 2005/06.
- In collaboration with our partners in the education sector, a review of healthcare program curricula at the university level will be undertaken to ensure that necessary components related to infection control education are included.

V. Health Human Resources

- In conjunction with the Ministry of Training, Colleges and Universities, the Ministry is developing a strategic human resource plan that will address a series of system priorities, including public health.
- The Ministry will continue to support new initiatives to increase enrollment in key health professions, including medicine, nursing, medical laboratory technology and a variety of disciplines (eg. inspection, dentistry, nutrition et cetera).

VI. Infrastructure for Health System Preparedness

- The Ministry is developing a comprehensive provincial surveillance system that will collect, analyze, and distribute laboratory and healthcare facility data on infectious diseases. Over the next five years, we will work with our partners at the federal level and with local health units to devise and implement a comprehensive and effective provincial surveillance system for infectious diseases.
- Within the next six months, the Ministry will undertake to improve key components of the Public Health and Epidemiology Report Ontario (PHERO).
- The Ministry has initiated the development of an electronic public health alert system to rapidly distribute relevant information to various healthcare providers and other stakeholders across Ontario that would be affected by a health emergency.
- iPHIS will be fully implemented in 2005/06 in all Public Health Units for communicable disease reporting, contact tracing, and quarantine management.

